CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING CF-4R-MECH-22							
HSPP/PSPP Installation; Cooling Coil Airflow & Fan Watt Draw Test (Page 1 of 2)							
Site Address:			<b>Enforcement Agency:</b>		Permit Number:		
As many as 4 systems in the dwelling can be documented for compliance using this form. Attach an additional form(s) for any additional systems in the dwelling as applicable.							
Hole for the placement of a Static Pressure Probe (HSPP), and Permanently installed Static Pressure Probe (PSPP) in the supply plenum							
When the Certificate of Compliance (CF1R) indicates Cooling Coil Airflow or Fan Watt Draw verification are required, HSPP or PSPP are required to be installed in each air handler in the dwelling. Procedures for installing HSPP and PSPP are described in Reference Residential Appendix RA3.3. This measure requires verification by a HERS rater.							
Select one method from the two choices below for compliance with the HSPP/PSPP requirement for this dwelling.							
	HSPP		eled and located downstream of the evaporator coil in the supply gure in Section RA3.3.1.1.				
	PSPP	1/4 inch (6 mm) hole equa	mm) hole equipped with a permanently installed pressure probe, labeled and vastream of the evaporator coil in the supply plenum as shown in the figure in				
System N	Name or Identification/Tag		Dy.	T	. *		
System I	Location or Area Served		OF	O'	1		
installed	that a HSPP or PSPP has been on the air handler per the ents of RA3.3.1.1. Enter Pass or I	(E)	110	TT			
Cooling Coil Airflow Verification  When the Certificate of Compliance indicates Cooling Coil Airflow verification is required, the procedures for measuring the cooling coil airflow must be performed as specified in Reference Residential Appendix RA3.3. Results of the cooling coil airflow diagnostic test must be entered in the table below. This measure requires verification by a HERS rater.							
Select one method from the three choices below for compliance with the Cooling Coil Airflow test requirement for this dwelling.  Diagnostic Fan Flow Using Plenum Pressure Matching according to the procedures in RA3.3.3.1.1							
<ul> <li>□ Diagnostic Fan Flow Using Plenum Pressure Matching according to the procedures in RA3.3.3.1.1</li> <li>□ Diagnostic Fan Flow Using Flow Grid Measurement according to the procedures in RA3.3.3.1.2</li> </ul>							
Diagnostic Fan Flow Using Flow Capture Hood according to the procedures in RA3.3.3.1.2  Diagnostic Fan Flow Using Flow Capture Hood according to the procedures in RA3.3.3.1.3							
System Name or Identification/Tag							
System Location or Area Served							
Nominal outdoor u	Cooling Capacity (ton) of the unit.						
Enter the minimum airflow requirement from the CF-1R (CFM/ton).							
Calculate the target minimum airflow for							
the test by multiplying the CFM/ton criteria							
specified on the CF-1R by the nominal							
cooling capacity of the outdoor unit (ton).  Target (CFM)							
Enter the diagnostically tested airflow							
(CFM). Tested (CFM)							
The system complies if Tested (CFM) is							
equal or greater than Target (CFM).  Enter Pass or Fail							
	Litter 1 ass of	Tun	<u>'</u>				
Registration Number: Registration Date/Time: HERS Provider:							
2008 Residential Compliance Forms  Registration Date Time							

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING  CF-4R-MECH-22  HERDERSPRIA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
HSPP/PSPP Installation; Cooling Coil Airflow & Fa		(Page 2 of 2)					
Site Address:	<b>Enforcement Agency:</b>	Permit Number:					
T- XX 44 D - X7 - 10 - 41							
Fan Watt Draw Verification							
When the Certificate of Compliance indicates Fan Watt Draw verific							
must be performed as specified in Reference Residential Appendix R							
in the table below. This measure requires verification by a HERS rater. Note: Fan watt draw must be measured simultaneously with cooling coil airflow. The fan watt draw measurement and cooling coil airflow measurement must simultaneously meet or exceed their							
target criteria specified by the CF-1R for the dwelling.							
Select one method from the two choices below for compliance with the Fan Watt Draw test requirement for this dwelling.							
□ Portable Watt Meter Measurement according to the procedures in RA3.3.3.3.1							
Utility Revenue Meter Measurement according to the procedures in RA3.3.3.2.							
System Name or Identification/Tag							
System Location or Area Served		. 1					
Enter the air handler Target (CFM) from the							
cooling coil airflow test table above.		112					
Enter the fan watt draw requirement from the	- 17	72					
CF-1R (Watt/CFM).							
Calculate the target maximum Watt draw for							
the test by multiplying the Watt/CFM criteria	a N						
specified on the CF-1R by the air handler							
Target (CFM). Target (Watt)	10						
Enter the diagnostically tested Watt draw (Watt). Tested (Watt)	11	6					
(Watt). Tested (Watt) The system complies if Tested (Watt) is less							
than or equal to Target (Watt)	The same						
Enter pass or Fail	× 100×						
	71)						
DEGLADATION OF A THE MENT OF	50						
DECLARATION STATEMENT  Learning under papelty of parityry under the laws of the State of	California the information provided	I on this form is true and correct					
• I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.							
• I am the certified HERS rater who performed the verification services identified and reported on this certificate (responsible rater).							
• The installed feature, material, component, or manufactured device requiring HERS verification that is identified on this certificate (the installation) complies with the applicable requirements in Reference Residential Appendices RA2 and RA3 and the requirements							
specified on the Certificate(s) of Compliance (CF-1R) approved by the local enforcement agency.							
<ul> <li>The information reported on applicable sections of the Installation Certificate(s) (CF-6R), signed and submitted by the person(s)</li> </ul>							
responsible for the installation conforms to the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the							
enforcement agency.							
Builder or Installer information as shown on the Installation Certificate (CF-6R)							
Company Name: (Installing Subcontractor or General Contractor or	· Builder/Owner)						
Responsible Person's Name:	CSLB License:						
HERS Provider Data Registry Information		T					
Sample Group # (if applicable):	☐ tested/verified dwelling	□ not-tested/verified dwelling in a HERS sample group					
HEDC Datas Information		in a ribres sample group					
HERS Rater Information HERS Rater Company Name:							
Table Taker Company Tame.							
Responsible Rater's Name	Responsible Rater's Signature						
1	1						
Responsible Rater's Certification Number w/ this HERS Provider:	Date Signed:						